



NASA SUPPLIER INFORMATION SURVEY

PLEASE **PRINT OR TYPE** THE INFORMATION. FEEL FREE TO ATTACH ANY ADDITIONAL DOCUMENTATION YOU FEEL IS NECESSARY OR USEFUL.

SUPPLIER _____	CAGE _____	PHONE NO. _____
ADDRESS _____	CITY _____	
STATE _____ ZIP CODE _____	WEBSITE _____	
Do you have a Quality Manual? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is your Quality Manual available online? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Total employees: _____	# in Quality: _____	# in Manufacturing _____
Total Sq. Footage: _____	# of Buildings: _____	Hours of Operation: <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift
Facility/Safety Orientation Required? <input type="checkbox"/> YES	If YES, how long? _____	<input type="checkbox"/> NO
Facility Badge Required: <input type="checkbox"/> YES <input type="checkbox"/> NO		
U.S. Citizenship Required: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Personal Protection Equipment Requirements:	<input type="checkbox"/> Steel Toe Shoes <input type="checkbox"/> Earplugs <input type="checkbox"/> Clothing <input type="checkbox"/> Hardhat	
	<input type="checkbox"/> Goggles <input type="checkbox"/> Face Mask <input type="checkbox"/> Other:	
	Are safety items furnished? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Environmental Conditions:	<input type="checkbox"/> Noise Level Considerations <input type="checkbox"/> Chemical Considerations	
	<input type="checkbox"/> Other	

* For colleges or universities, indicate number of employees on project

Which of the following OEMs have you provided products or services for? (Please identify OEM location and briefly describe the product and it's integration to the best of your knowledge)	Which of the following NASA Centers have you provided products or services for:
<input type="checkbox"/> Lockheed Martin <input type="checkbox"/> Boeing <input type="checkbox"/> TRW <input type="checkbox"/> United Space Alliance <input type="checkbox"/> Honeywell <input type="checkbox"/> Spectrum Astro <input type="checkbox"/> Harris <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> NASA Headquarters <input type="checkbox"/> Ames Research Center (ARC) <input type="checkbox"/> Dryden Flight Research Center (DFRC) <input type="checkbox"/> Glenn Research Center (GRC) <input type="checkbox"/> Goddard Space Flight Center (GSFC) <input type="checkbox"/> Jet Propulsion Laboratory (JPL) <input type="checkbox"/> Johnson Space Center (JSC) <input type="checkbox"/> Kennedy Space Center (KSC) <input type="checkbox"/> Langley Research Center (LSC) <input type="checkbox"/> Marshall Space Flight Center (MSFC) <input type="checkbox"/> Stennis Space Center (SSC)

LISTED BELOW ARE THE OPEN PURCHASE ORDERS or NASA/NASA Subcontractor work
PLEASE MAKE CORRECTIONS OR UPDATES

P.O. NUMBER'S	FOR (i.e. OEM, NASA Center, other Government Agency)	PRODUCT, PROCESS, OR SERVICE DESCRIPTION	SIC CODE

RECOGNITION:

Have any of your employees been awarded any NASA recognition that you are aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO List
Has your company been awarded any NASA or DOD recognition?	<input type="checkbox"/> YES <input type="checkbox"/> NO List:

NASA SUPPLIER INFORMATION SURVEY

COMPLETE THE FOLLOWING QUESTIONS AS THEY RELATE TO YOUR FACILITY (IF ATTACHING ADDITIONAL SHEETS, REFERENCE QUESTION NUMBER).

DOES YOUR FACILITY:

1	Handle Electronic Sensitive Devices (ESD)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	List:	
2	Have an ESD Plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	List:	
3	Work to supplied drawings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	List:	
4	Perform any Special Processes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	List:	
5	Use any computer software for manufacturing, inspection, and/or test?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	List:	
6	Use or store Government Funded Equipment or Property (i.e. tooling)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	List:	
7	Have Test Capabilities? (i.e. vibe, shock, altitude, Thermal, physical, or chemical)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	List:	
8	Have a shipping/packaging department?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If NO, list the Sub-Contractor:	
9	Have Clean Room capability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level:	
10	Have Material Laboratory/Chemistry/Physics?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	List:	
11	Perform calibrations In-house?	Mechanical <input type="checkbox"/>	Electrical <input type="checkbox"/>	Standards <input type="checkbox"/>	N/A <input type="checkbox"/>
12	Sub-Contract calibrations?	Mechanical <input type="checkbox"/>	Electrical <input type="checkbox"/>	Standards <input type="checkbox"/>	N/A <input type="checkbox"/>
13	Delegate MRB?	FULL <input type="checkbox"/>	Limited <input type="checkbox"/>	Preliminary <input type="checkbox"/>	Customer Notification Only <input type="checkbox"/>
14	Use a Statistical Process Control (SPC)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
15	Use any limited life materials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
16	Use non-conformance tracking system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

IS YOUR FACILITY:

17	ISO CERTIFIED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, ISO 900 ____	PLEASE ATTACH COPY OF CERTIFICATE
18	ISO COMPLIANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
19	AS9100A COMPLIANT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
20	AS9100 COMPLIANT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
21	Any other Certifications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Please list any NASA Certifications your employees have:					

22	Do you have a documented Safety program?	
23	Do you flow down requirements to your contractor?	
24	How do you flow down requirements? (i.e. Quality Clauses)	
25	What NASA programs have you supported? (i.e. MER, MRO, Hubble, etc.)	
26	What percentage of your total business does NASA contracts currently represent?	
27	What percentage of your total business does NASA contracts represent in the last 24 months?	

NASA SUPPLIER INFORMATION SURVEY

28	How long have you been in your current facility/s?	
29	Has your company changed ownership? When? Comments.	
30	When did you last expand your current facilities?	
29	When did you last extensively remodel your existing facilities?	
30	When did you last expend significant resources to add capital equipment?	
31	What capabilities have you added to your company since the last audit by a NASA representative?	
32	Do you currently have any facility or capability expansion plans?	
33	Are you anticipating any major contracts in the near future? (i.e. Ordinance)	
34	Are you currently bidding on any NASA programs or projects?	
35	Are you planning any significant hiring or downsizing in the next 12 months?	
36	Are you currently the target of a merger or acquisition?	
37	Are you currently in the process of merging or acquiring any other company?	
38	Do you anticipate any changes to your quality management or quality system in the next 12 months? (i.e. ISO/AS9100 compliant? Plan to transition to ISO 9000/2000? Do you expect to be compliant to AS9100? When?)	
39	Do you plan to subcontract any of the work required in the PO?	
40	Do you have a DCMA representative at your facility? (If so, please provide contact information)	
41	Do you have an assigned Resident Inspector? (If so, please provide contact information)	

CAPABILITIES:

List all products, processes or services available at your facility. **Please attach a list of your major equipment and/or NASA owned equipment (i.e. Machine list, Capabilities list, Brochure, Catalog).**

NASA SUPPLIER INFORMATION SURVEY

POINT OF CONTACT FOR SURVEY _____ PHONE NO. _____
TITLE _____ FAX NO. _____
E-MAIL ADDRESS _____ SURVEY COMPLETION DATE _____

QUALITY POINT OF CONTACT *(if different from above)*

TITLE _____ PHONE NO. _____
E-MAIL ADDRESS _____ FAX NO. _____

ADDITIONAL POINT OF CONTACT _____
TITLE _____ PHONE NO. _____
E-MAIL ADDRESS _____ FAX NO. _____

Signature of Survey Point of Contact

NASA BELOW THIS LINE

Date Received

Initials